2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 711572 Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** ODESSA CIVIC CLUB, INC. 03-02-2000 90010 047 ****70.00 Mailing Address Principal Place of Business P.O. BOX 143 1627 CHESAPEAKE DRIVE ODESSA FL 33556 ODESSA FL 33556-0143 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-6175939 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JASINSKI, CARL E 14423 SASSANDRA DRIVE P.O. BOX 288 Zip Code City ODESSA FL 33556-0288 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition TITLE TITLE □ Delete NAME Jasinski, Carl e NAME STREET ADDRESS STREET ADDRESS 14423 SASSANDRA DRIVE CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556-0288 Change ☐ Addition ☐ Delete TITLE TITLE VD BRADGERD, ELENDE 14924 OGDEN LOST 100 DE SSB, GL 3 NAME BRADFORD, ELENOR NAME STREET ADDRESS STREET ADDRESS 14924 OGDEEN LOOP 0.D-E S S B CITY-ST-ZIP CITY-ST-ZIP ÖDESSA FL 33556 - -☐ Addition TITLE D ☐ Delete TITLE NAME MOORE, CHARLES, C NAME STREET ADDRESS STREET ADDRESS 13924 FRIENDSHIP LANE CITY-ST-ZIP CITY-ST-ZIE <u>odessa fl</u> ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME DOZIER, JOYCE NAME STREET ADDRESS STREET ADDRESS 1118 ALTAMONT LANE CITY-ST-ZIP CITY-ST-ZIP ODESSA FL WILLIAMSON, STEVE Schange 1134 ALTAMEN LANE TITLE ☐ Delete TITLE WILLIAMSON, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 19413 MICHIGAN AVE. ODESSA EL 33566 CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 SINSKI, GLORIA ☐ Addition TITLE 14423 SASSANBRA DE. NAME NAME STREET ADDRESS STREET ADDRESS ODESSA FL 33586 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.